

[VENDOR NAME]
[VENDOR ADDRESS]
[VENDOR CITY, STATE, ZIP]
[VENDOR PHONE #, FAX #]

Original

I NVOICE

DEPARTMENT OF TRANSPORTATION
[PM NAME HERE]
[PM'S address]

Invoice Date: [date]
Invoice No.: [number]

Contract No.:
Job No.:

[Work covered from October 1, 2003 through November 30, 2003]

¹[FULL DESCRIPTION OF CONTRACT JOB THAT THIS INVOICE
RELATES TO INCLUDING SUPPORTING DOCUMENTATION]

Explain costs and breakdown showing figures of whatever applies.

AMOUNT OF THIS INVOICE: \$XXXX.XX

NOTE: This is the required format for all invoices sent to the Payments
section in Finance. ALL INVOICES MUST BE ORIGINAL.
